## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001

Application or Docket Number

09/5/2268

| CLAIMS AS FILED - PART I (Column 1) (Column 2)                                                                                                                                               |                                                                                                                                                                                                                          |                                           |              |              |                                |                  |     | SMALL ENTITY TYPE   |                        | OR | OTHER<br>SMALL I    |                        |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------|--------------|--------------------------------|------------------|-----|---------------------|------------------------|----|---------------------|------------------------|--|
| TOTAL CLAIMS                                                                                                                                                                                 |                                                                                                                                                                                                                          |                                           |              |              |                                |                  |     | RATE                | FEE                    |    | RATE                | FEE                    |  |
| FOR .                                                                                                                                                                                        |                                                                                                                                                                                                                          |                                           | NUMBER FILED |              | NUMBER EXTRA                   |                  |     | BASIC FEE           | 370.00                 | OR | BASIC FEE           | 740.00                 |  |
| TOTAL CHARGEABLE CLAIMS                                                                                                                                                                      |                                                                                                                                                                                                                          |                                           | minus 20=    |              |                                |                  |     | X\$ 9=              |                        | OR | X\$18=              |                        |  |
| INDEPENDENT CLAIMS                                                                                                                                                                           |                                                                                                                                                                                                                          |                                           | minus 3 =    |              | *                              |                  |     | X42=                |                        | OR | X84=                |                        |  |
| MULTIPLE DEPENDENT CLAIM PRESENT                                                                                                                                                             |                                                                                                                                                                                                                          |                                           |              |              |                                |                  |     | +140=               |                        | OR | +280=               |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in colu                                                                                                                         |                                                                                                                                                                                                                          |                                           |              |              |                                | olumn 2          |     | TOTAL               |                        | OR | TOTAL               |                        |  |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)                                                                                                                                |                                                                                                                                                                                                                          |                                           |              |              |                                |                  |     | SMALL               | ENTITY                 | OR | OTHER<br>SMALL E    |                        |  |
| AMENDMENTA                                                                                                                                                                                   |                                                                                                                                                                                                                          | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | NUM<br>PREVI | HEST<br>IBER<br>OUSLY<br>FOR   | PRESENT<br>EXTRA |     | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|                                                                                                                                                                                              | Total                                                                                                                                                                                                                    | • 18                                      | Minus        | **           | 20,                            | =                |     | X\$ 9=              |                        | OR | X\$18=              |                        |  |
|                                                                                                                                                                                              | Independent                                                                                                                                                                                                              | NTATION OF MI                             | Minus        | ENIDEN       | TCLANA                         | <u> -</u>        |     | X42=                |                        | OR | X84=                |                        |  |
| لــا<br>ز                                                                                                                                                                                    | . /                                                                                                                                                                                                                      |                                           | JETIPLE DEF  | ENDEN        | T CLAIM                        |                  | j   | +140=               |                        | OR | +280=               | ,                      |  |
| 4/26/05                                                                                                                                                                                      |                                                                                                                                                                                                                          |                                           |              |              |                                |                  |     | TOTAL<br>ADDIT. FEE |                        | OR | TOTAL<br>ADDIT. FEE | PU                     |  |
| (Column 1) (Column 2) (Column 3)                                                                                                                                                             |                                                                                                                                                                                                                          |                                           |              |              |                                |                  |     |                     |                        |    |                     |                        |  |
| AMENDMENT B                                                                                                                                                                                  |                                                                                                                                                                                                                          | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | NUN<br>PREVI | HEST<br>MBER<br>MOUSLY<br>DFOR | PRESENT<br>EXTRA |     | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|                                                                                                                                                                                              | Total                                                                                                                                                                                                                    | . 18                                      | Minus        | 2            | Q                              | =                |     | X\$ 9=              |                        | OR | X\$18=              |                        |  |
|                                                                                                                                                                                              | Independent                                                                                                                                                                                                              | NTATION OF MI                             | Minus        | +++ C        | T CLAIM                        | - (              | ┨┃  | X42=                |                        | OR | X84=                |                        |  |
|                                                                                                                                                                                              | TWOTTHEOL                                                                                                                                                                                                                | WATER OF THE                              | JEHI EL DEI  | CHOLIA       | T OBAIN                        |                  | J   | +140=               | -                      | OR | +280=               |                        |  |
|                                                                                                                                                                                              |                                                                                                                                                                                                                          |                                           |              |              |                                |                  |     | TOTAL<br>ADDIT. FEE |                        | OR | TOTAL<br>ADDIT. FEE |                        |  |
| (Column 1) (Column 2) (Column 3)                                                                                                                                                             |                                                                                                                                                                                                                          |                                           |              |              |                                |                  |     |                     |                        |    |                     |                        |  |
| AMENDMENT C                                                                                                                                                                                  |                                                                                                                                                                                                                          | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | NUA<br>PREV  | HEST<br>MBER<br>IOUSLY<br>FOR  | PRESENT<br>EXTRA |     | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |  |
| NDN                                                                                                                                                                                          | Total                                                                                                                                                                                                                    | •                                         | Minus        | **           |                                | =                | 11  | X\$ 9=              |                        | OR | X\$18=              |                        |  |
| AME                                                                                                                                                                                          | Independent                                                                                                                                                                                                              | * NTATION OF M                            | Minus        | ***          | IT CI AIM                      | <u> -</u>        |     | X42=                |                        | OR | X84=                |                        |  |
| ┞                                                                                                                                                                                            | 11101111202                                                                                                                                                                                                              | INTERIOR OF IN                            | OEVII EE OEI | CIVELIV      | - CEANN                        |                  | ر ز | +140=               |                        | OR | +280=               |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE |                                                                                                                                                                                                                          |                                           |              |              |                                |                  |     |                     |                        | OR | TOTAL<br>ADDIT. FEE |                        |  |
|                                                                                                                                                                                              | ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                           |              |              |                                |                  |     |                     |                        |    |                     |                        |  |